Case 1-22-41410-jmm Doc 67-2 Filed 12/15/22 Entered 12/15/22 12:05:56

EXHIBIT

"A"

Fill in this in	formation to identify the case:
Debtor 1	Fraleg Group Inc.
Debtor 2 (Spouse, if filing)	
United States I	Bankruptcy Court for the: Eastern District of New York
Case number	22-41410

CLERK U.S. BANKRUPTCY COUR) EASTERN DISTRICT OF NEW YORK

2022 JUL -8 A 9: 35

RECEIVED/MR

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

P	Part 1: Identify the C	laim					
1. Who is the current creditor? New York City Department of Finance Name of the current creditor (the person or entity to be paid for this claim)							
2.	Has this claim been acquired from someone else?	Other names the creditor used with the debtor					
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	New York City Department of Finance Name 375 Pearl Street, 27th Floor Number Street			Where should payments to the creditor be sent? (if different) Name Number Street		
		New York City Contact phone (212)-7 Contact email leungo Uniform claim identifier for	@finance.nyc	ZIP Code ZIP Code C.GOV Ints in chapter 13 (if you use	Contact email	State	
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	er on court claim	s registry (if known)		Filed on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Who made	the earlier filling?				

	Do you have any number you use to identify the debtor?	About the Claim as of the Date the Case Was Filed ✓ No ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \$ 45,644.86 . Does this amount include interest or other charges? ☐ No ✓ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
7.	How much is the claim?						
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Business Taxes					
99.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe:					
10.	Is this claim based on a lease?	☑ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$					
11.	is this claim subject to a right of setoff?	☑ No □ Yes. Identify the property:					

Official Form 410

12. Is all or part of the claim entitled to priority under	□ No						
11 U.S.C. § 507(a)?	🗹 Yes. Check	Amount entitled to priority					
A claim may be partly priority and partly	Domesti 11 U.S.C	\$					
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).						
	☐ Wages, bankrup 11 U.S.0	before the ier. \$					
	Taxes o	r penalties owed to governmental units	. 11 U.S.C. § 507(a)(8).	\$ <u>45,644.86</u>			
	☐ Contribu	itions to an employee benefit plan. 11 U	J.S.C. § 507(a)(5).	\$			
	Other. S	pecify subsection of 11 U.S.C. § 507(a)() that applies.	\$			
	* Amounts a	re subject to adjustment on 4/01/19 and eve	ry 3 years after that for cases b	egun on or after the date of adjustment.			
				A STATE OF THE STA			
Part 3: Sign Below			· · ·				
The person completing this proof of claim must	Check the appro	priate box:					
sign and date it.	☐ I am the cre	ditor.					
FRBP 9011(b).	☑ I am the cre	ditor's attorney or authorized agent.					
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules	-						
specifying what a signature is.		owledgment that when calculating the toward the debt.					
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date						
	Catherine	Leuna 4					
	Signature						
	Print the name of the person who is completing and signing this claim:						
	Name	Catherine	1	_eung			
	HAIRIV	First name Middle	e name	Last name			
	Title	Supervisor-Bankruptcy					
	Company New York City Department of Finance						
		Identify the corporate servicer as the comp	pany if the authorized agent is a	servicer.			
	Address	375 Pearl Street 27th Floor					
		Number Street					
		New York	NY	10038			
		City	State	ZIP Code			
	Contact phone	(212)-748-4329	Email leun	gc@finance.nyc.gov			
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